

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1670

1. PLACE OF DEATH

County Jenn
Township Clay
City _____ (No. _____)

Registration District No. 499
Primary Registration District No. 5664

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. B. Calvert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7 1871</u>		
7. AGE <u>60</u>	YEARS <u>7</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>		11. Total time (years) spent in this occupation <u>135</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hippburne Wisconsin</u>		
13. NAME <u>Thomas Baker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dawlish England</u>		
15. MAIDEN NAME <u>Bradley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York City New York</u>		
17. INFORMANT (ADDRESS) <u>H. B. Calvert</u> <u>Jennett, Mo. R.F.D.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>8003 Cemetery</u> DATE <u>Jan 13 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Thorne and Co.</u>		
20. FILED <u>Jan 18 1932</u> <u>G. H. Clendenen</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1931 to Jan 10 1932

I last saw her alive on Jan 10 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage

Date of onset Jan 6 1932

Other contributory causes of importance:
82A 82A

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. H. Messinger, M. D.
(Address) 24 Thuring Mrs

